



The City of Westminster



Recreation & Parks Department Registration Form

Name of Parent or Adult Registrant_____

Name of Child_____ M F Age/Grade_____

Home Address_____

City_____State_____Zip_____

Phone_____

Email Address_____

Program name_____

Program Date_____

Program Cost \$_____

Photographic Release: I permit the Recreation & Parks Department to use and publish photographs of me and/or my children for purposes of presenting recreational activities to the community. I also give my permission to release such photographs to the news media in support of the program. _____ (Please Initial)

The City of Westminster will charge a \$35 fee on any returned check received. All registration fees are non-refundable.

I agree to abide by all Rules and Regulations of The City of Westminster Recreation & Parks Department and the Westminster Family Center. On behalf of myself and my child, I agree to hold The City of Westminster, its agents, servants or employees harmless from any and all claims or liability arising from the conduct of any related activities. The undersigned further acknowledges and agrees that The City of Westminster shall not be liable for any acts, omissions or negligence of the leaders (or any of their agents, servants or employees) or other participants in the program. I hereby consent to my child's/children's participation in this/these programs.

Parent/Guardian

Signature_____Date_____

Make Checks payable to The City of Westminster, 11 Longwell Avenue, Westminster, MD 21157

For more information: 410-857-9072 or 410-848-9000 fax: 410-848-8310 www.westminstermd.gov

Method of Payment: Payment is due at time of registration to secure reservation

Cash _____ Check # _____ Visa MasterCard Discover (Circle One)

Card Number _____ Expiration Date _____ V-Code _____

Signature _____ Date _____